

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LVII.

THURSDAY, OCTOBER 29, 1857.

No. 13.

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## THE MASSACHUSETTS MEDICAL SOCIETY.

[Communicated for the Boston Medical and Surgical Journal.]

THE MASSACHUSETTS MEDICAL SOCIETY was incorporated in 1781, seventy-six years ago. It had full power and authority to examine all candidates for the practice of physic and surgery, respecting their skill in their profession; in order "that a just discrimination should be made between such as were duly educated and properly qualified for the duties of their profession, and those who may wickedly administer medicine." This examination it was bound to make, of every applicant, under a heavy penalty for refusal. It was not intended, however, that every licentiate should, as a matter of course, become a member of the Society. The body was to be a select one, limited to seventy members. Some question having arisen as to the extent to which it had a right to carry an examination, an additional act was passed in 1789, making it the duty of the Society to point out, from time to time, a course of "medical instruction or education," and cause it to be published.

In 1803, it was thought advisable that the limit as to the number of members (70) should be removed; and an act was passed authorizing the Society to elect as many physicians and surgeons, resident in the Commonwealth, as they should see fit, previous to the next annual meeting. It also provided, that subsequently, any person who by examination had become a licentiate, and also such as might be admitted to the degree of Bachelor of Medicine (now equivalent to Doctor of Medicine) at Harvard University, *after three years of approved practice in medicine and surgery, and being of good moral character, and not otherwise*, should, upon application and signing the By-laws, be admitted a member.

Thus the Society was invested with the whole duty and power of prescribing a course of preliminary studies, and of examining all persons who sought to become licentiates, with the exception of the graduates in medicine at Harvard, who were placed on the

same footing with licentiates. And the Society had also the power of rejecting any unwelcome practitioner, ample opportunity being afforded by the *three years' probation* to judge of his mode of practice and his moral character, both of which were to be approved.

This continued to be the state of things up to 1831, when the clause of the act which required the "three years' approved practice in medicine and surgery" was repealed, and the licentiate or the graduate at Harvard could enter the Society at once, by signing the By-laws; and in 1837, this liberty was extended by the Society itself, in courtesy, to the graduates at the Berkshire Medical Institution.

From this time, as is evident, all power of discrimination in the choice of members was at an end, so far as regards the graduates of the medical schools, and they constitute the majority of applicants. The Society is thus placed in the absurd position of being obliged to receive into its ranks individuals, however unwelcome, who may have complied with the conditions of other institutions over which it has no control whatever, and whose functions do not embrace all those of the Society; a state of things which is inconsistent with the very essence of a voluntary association, and which must continue to exist until some adequate remedy is procured. In the words of a Report, drawn up by a recent President and adopted by the Society, "To deny the privilege of determining with whom and on what terms we will hold professional intercourse, would be a gross violation of our rights, to which we ought not, and to which we never could submit. It is an interference with our personal concerns that cannot be tolerated."

At the present time, it would be difficult to conjecture what could have been the motives which led to the successive changes, especially the last one, which have brought the Society into such a dilemma. Knowing who were the leading spirits of the Society at that time (1831), Jackson, Warren, Wyman, Walker, Hayward, Hale, Peirson and the like, it cannot be doubted that the measure was well weighed, and believed to be for the best interests of the profession. In looking back to a Report made that year, by a Committee of which Dr. Hale was Chairman—and which is an admirable *exposé* of the history, policy and influences of the Society, well worthy of perusal—we learn, in regard to the privilege granted to Harvard graduates, that it "was the result of necessity, not of choice. Harvard University was in existence, and had the right to confer medical as well as other degrees, long before the establishment of this Society. The only means of avoiding collision with that ancient and respectable institution, was by the compromise which was adopted." In regard to the abolishment of the three years' probation, the Report says that the "proposition originated in a conviction in the minds of the Fellows of the Society,

that such an extension of privileges would be, on the whole, useful; and upon the same principle, it met with the unanimous approval of the Society." A more definite reason is given in a subsequent paper (1839) by the same writer, namely, "that the restriction of the three years' probation produced in the minds of some young men, feelings of jealousy and discontent"; and from the same paper we also gather that the ruling motive, at the time, was to extend the *privileges* of the Society as widely as possible. In effecting this desirable end, it is now plain that the dignity and purity of the Society were left insufficiently guarded.

We have thus endeavored to exhibit the introduction and nature of a difficulty about which there has been much feeling and complaint, both in the Society and out of it, but the precise relations of which few, perhaps, have understood. The question then comes, what is to be done? and while, like the merchants at their high meetings in the present monetary crisis, all proclaim and feel that *something must be done*, no one seems prepared to propose anything, or to do anything. Some, however, have said, let us abandon the old Society and begin anew. The strong objection against this, and one which always weighs heavily with all individuals and institutions, is, that there is already a fund of \$11,000, and another, very soon to be available, of double that sum, which would be forfeited by a disorganization of the Society. A fund like this, for such an institution, is not soon nor easily raised, and should not be sacrificed until at least some effort shall have been made to remedy existing evils in some other way.

If the Society retains its charter, it has been shown that it has not, directly, the power to change the terms of membership; inasmuch as these are imposed, so far as the medical schools are concerned, by the Legislature, and cannot be altered without a legislative act. The Society can apply for legislative relief; and this is undoubtedly its duty, and its paramount duty.

For what, then, shall it apply? What shall be the means for relief? The essential requisite is, that the Society should, *in all cases*, have the *power of discrimination* in receiving members. One obvious method of securing this would be, to cut aloof from all other associations. This, however, is not enough, nor is it essential. Were every applicant to subject his character and acquirements, on his graduation, to the scrutiny of a Board of Censors, however thorough it might be, and give entire satisfaction, there would be no security that he would not turn heretic the next day. A pledge on the reception of a diploma, or on admission to the Society, to continue orthodox or forfeit his position, would be of no avail to secure the man who, for interest alone, would prove recreant to his understanding and his conscience. Little would such a man care for the surrender of the College parchment, or for exclusion from the Society, after having once received their

*imprimatur* as to his full acquirements and standing. It would only give ten opportunities for proclaiming his qualifications to the public, where there would otherwise have been but one.

There must be a *period of probation*. Nor need we go back to the old custom of debarring physicians from admittance for a length of time. Every one might be admitted as now, and enjoy at once the privileges of the Society, on graduation, but it should be *on probation*; and at the end of the prescribed time, the Censors, or some other authorized body, should declare whether he should be admitted to full fellowship, in view of having given satisfaction during his probation, of "approved practice" and "being of good moral character, and not otherwise." This would not abridge any of the privileges now enjoyed by graduates, and would require no modification in the relations of the Society and the Medical Schools, so long as they act up to the expressed conditions for conferring degrees. But if, as has been insinuated far and wide, departures from these conditions have been made, and are to be persisted in, then a separation is indispensable.

This is the best plan we can suggest to meet the existing grand difficulty; and we think the Society should lose no time in putting in train this or some other method of relief.

As to the summary expulsion of all heretics, which we know is strongly advocated by many, that is sooner said than done. It is matter of universal experience how difficult it is to eject a member from any Society. There are always deficiencies of proof, palliations and differences of opinion, which render conviction and harmonious action difficult and rare. This, in a Society which meets but once a year, must necessarily be slow work. At any rate, we believe that it is expedient, *first*, to shut the door, whereby we might exclude ten that would enter while we could eject one, and then the few traitors within could be readily managed, and the business of expulsion would be entered upon with a will, in the prospect that it would avail.

G.

#### STRABISMUS TREATED BY TENOTOMY AND LIGATURE.

BY J. F. NOYES, M.D., CINCINNATI, OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case is forwarded to the JOURNAL, not because the operation is entirely novel, since it has been often performed in Europe, but as comparatively new in this country, and not likely, therefore, to prove wholly uninteresting to the profession.

Last April, Mrs. Gyld, æt. 33, of Waterville, Me., consulted me while at that place, respecting a very bad congenital squint in the left eye. The eye had been operated upon, she said, by a noted

surgeon in Lowell; but it resulted in no improvement, as the eye remained, immediately after the operation, in the same position as before. I found it so much turned in, that the greater part of the cornea was hidden from view behind the internal canthus. The patient could with difficulty bring the eye into a position directly forward or straight, while the other was closed; but any effort made to carry the eye further outward produced a zig-zag or oscillating, up-and-down motion of the ball, clearly showing an action or contraction of the oblique muscles, while the abductor itself appeared quiescent or inactive.

From the examination thus made, the method of operation judged necessary and resorted to, especially in the manner of using the ligature, was the same as that first practised, if I mistake not, by Dr. Graefe, of Berlin, by whom I first saw it performed. It was as follows.

An incision was made through the conjunctiva, a little more than an eighth of an inch from the verge of the cornea, sufficiently large to introduce a blunt hook. The adductor tendon was raised upon the hook, and with the aid of a curved needle ligated very near to its insertion on the ball, and then divided immediately beyond. Tenotomy of the *abductor* was next made in the same manner, sub-conjunctival. The eye being thus set free, the ligature was carried, turning the eye strongly outward, over a bridge or roller of cloth placed on the temple or outer side of the eye, and secured by adhesive straps. In this position the eye was securely held for more than thirty-six hours, allowing sufficient time for the divided muscles or tendons to re-attach themselves, when the ligature was removed, and the eye remained straight. It healed kindly, and resulted in a permanent cure. Since the above operation was performed, I have met with three other cases requiring the same mode of treatment, and all attended by like good results.

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#### ON THE RECOVERY OF DROWNED PERSONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It has surprised me that no mention is made by Marshall Hall, or Dr. Bell, of any application to the nose in the treatment of persons drowned.

One of the instances of longest submersion followed by recovery, of veritable authority, which I have read of, was by this method. To be sure, other means were not omitted at the same time, such as rubbing, warm blankets, and under these, in contact with the body, dry mustard; still the first signs of life were shown by pouring into the nostrils half a drachm of aromatic spirits of ammonia, and then dipping the feathered part of a quill into *aqua ammonia*, and thrusting it into the nostril as far as it would go.

It was mentioned to me by the late Caspar Wistar, M.D., formerly Professor of Anatomy at Philadelphia, that his most successful treatment in the resuscitation of the drowned, was by applications to the rectum. He believed that life was wont to remain longer in that part of the body than in any other. Stimulating enemas, suppositories of mustard and red pepper, and a plaster of the two latter substances applied to the anus and perinæum, were the means advised.

Respectfully yours,

Lebanon, Conn., Oct. 12th, 1857. JOSEPH COMSTOCK, M.D.

#### CASE OF RETAINED PLACENTA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 13th of August last, I attended Mrs. B., of this place, taken with symptoms of abortion at about the eighteenth week of pregnancy. She was the mother of two children, the younger of 11 years, and at the birth of each, and in one previous abortion, she had had retention of the placenta. The foetus was soon expelled, but the afterbirth seemed to adhere with great force and would not yield to uterine contractions produced by large doses of ergot, nor to the efforts to remove it by the hand or placenta-hook, except as I pulled it away *piece-meal*. After trying several hours all the means in my power, I left it to the efforts of Nature. Severe and obstinate hæmorrhage followed, but it was restrained by acetate of lead and opium. About the end of the second day, she was taken with rigors, followed by fever, with dry, brown tongue, a pulse of 125, hard and small, and extreme tenderness over the abdomen. On the fourth day, the placenta came away in three pieces, after several severe pains. The fever yielded, in a few days, to fomentations, mercury pushed to ptyalism, and tincture of veratrum viride.

*Query*.—Can an *adherent* placenta be removed *safely*, as early as the fifth month, in all cases?

WM. M. EAMES, M.D.

Orwell, Ohio, Sept. 26th, 1857.

#### SINGULAR EFFECTS OF INDIGESTION.

DR. ISRAEL N. SMITH, of Haverhill, Ms., reports to the Editors a case of "fits" to which he was called, in a boy of 3 years—the whole muscular system being convulsed. On attempting to remove him into a hot bath, opisthotonos took place and he remained stiff for fifteen or twenty minutes. The body was then gradually bent sideways, and pleurosthotonos occurred. A short stay in the bath relaxing the spasms, he was placed in dry flannel, and a copious injection of molasses and warm water produced a powerful discharge of crude, wholly undigested food. A dose of calomel and rhubarb was given, and the child rapidly recovered.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL  
RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Concluded from page 216.]

§ XV. *Treatment of Epilepsy*.—Proposing to develop fully this subject elsewhere, we will merely lay down here a few propositions.

1. The first thing to be done in a case of epilepsy is to find out if its origin is peripheric. The state of all the organs must be inquired into as completely as possible. For some of the means to be employed to detect the peripheric origin of fits of epilepsy, we will refer to § XI.

2. If it be ascertained that epilepsy is of peripheric origin, employ proper means to separate the nervous centres from this origin, or to remove the cause of the excitation entirely. Leaving aside what relates to the viscera, the application of ligatures, as we have shown in § IX., ought to be tried first. Sometimes it happens, as in a very curious case recorded by Récamier, that the aura will disappear from a place, and re-appear in another; it will be well to pursue it thither, and apply ligatures in the new place.

3. If ligatures fail, this is no reason for despairing of other means having the same object. The nerve animating either the part of the skin from which originates the aura, or the muscle or muscles which are the first convulsed, must be laid bare, and sulphuric ether thrown upon it. This might, perhaps, be sufficient to cure the affection; if it is not, then the nerve must be divided.\*

4. The amputation of a limb for epilepsy is a barbarous act, the section of the nerves being all that is necessary.

5. Sometimes blisters, setons, caustics, &c., in the neighborhood of a part which is the origin of an aura, may be sufficient to cure, but these means have not the same efficacy as the application of a red-hot iron.

6. The best means of treating epilepsy seem to consist in the application of a series of moxas along the spine, and particularly the nape of the neck.

7. The nutrition of the nervous centres may be modified, and thereby epilepsy be cured, principally by the medicines which act on the bloodvessels, such as strychnia, but particularly by those which determine contractions in these vessels, such as atropia, ergot of rye, &c.

8. Trepanning, in cases where a blow on the head or some other circumstance seems to indicate it, ought not to be resorted to until cauterization and other means of producing a modification of the conditions of the skin of the head have failed. (See § IX.)

9. Cauterization of the mucous membrane of the larynx, which has been successful in some cases in which there was considerable

\* We proposed, many years ago, to employ ether instead of the section of the nerves, in traumatic tetanus; this simple treatment will prove more useful for tetanus than for epilepsy.

laryngismus, is an excellent means, not only of diminishing or preventing the spasm of the larynx, but as a mode of producing a modification in the nutrition of the medulla oblongata.

10. As a means of treatment too much neglected, we will point out the possibility of the transformation of epilepsy into intermittent fever, which has been proved by the important facts observed by Dr. Selade, by Dumas, &c. The frequent passage of an intermittent fever into epilepsy, and the facts which show that the nerves of the bloodvessels are excited in the nervous centres in fever and ague (the galvanization of the cervical sympathetic nerve produces the effects of this fever, viz., *cold*, soon followed by *warmth and perspiration*), show also that there are great analogies between epilepsy and intermittent fever. So it is as regards the efficacy of ligatures in both diseases. That intermittent fever is an affection of the nervous system is proved by a curious case of fracture of the spine, in which the parts paralyzed remained in their normal state, while the rest of the body had all the phenomena of a paroxysm of fever and ague. (Dr. Knapp, in *N. Y. Jour. of Med.*, Sept., 1851, p. 199.) From these facts and many others, we think it would be of the utmost importance to try to have fever and ague generated in epileptics (See Dumas, in *Bibliothèque Médicale*, vol. xxxi., and Delasiauve, *loco cit.*, p. 378, and p. 419), as a means of cure of epilepsy.

11. We will merely add, that hygienic means are as important as the treatment, and that sleeplessness ought to be as much combated as the disease itself.

As regards the treatment of the fits, we cannot insist too much upon the prevention or diminution of asphyxia, as it seems certain that the circulation of black blood in the nervous centres prepares for the production of future fits. For this object the best means are, 1st, dashing very cold water on the face; 2d, the inhalation of chloroform.

### Bibliographical Notices.

*Fiske Fund Prize Essays: The Effects of Climate on Tuberculous Disease*, by EDWIN LEE, M.R.C.S.; and *The Influence of Pregnancy on the Development of Tubercles*, by EDWARD WARREN, M.D. Philadelphia: Blanchard & Lea. 1857. 8vo. Pp. 42.

THE first of these essays obtained the Fiske Fund Prize in 1855, and the second the same prize in the following year. From their relations to the same general subject, the Trustees of the Fund have thought proper to publish them together.

MR. LEE's dissertation begins with a statement of the opinions of the most reliable authorities upon the subject of the *nature* of pulmonary consumption, and as a conclusion he observes, "The preceding

quotations may suffice to show that pulmonary consumption depends upon a vitiated state of the blood, principally caused by suppressed or diminished action of the functions of the skin, and a deficiency of red globules, and that consequently it should not be considered as a merely local disease, but requires to be treated with reference chiefly to the disordered condition of the blood, and to the causes which have been most instrumental in producing it, before it has arrived at so advanced a stage as to preclude all rational hopes of recovery."

The chief *causes* of phthisis are next discussed, including the action of a cold and humid atmosphere, deficiency of exercise and sedentary modes of life, insufficient clothing, the depressing passions and emotions, and derangements of the digestive functions. The subject of hereditary tendency is not treated of, as being foreign to the subject. In this section, also, Mr. Lee quotes largely from eminent writers, besides giving the results of his own observations.

In considering the effect of climate on tubercular consumption, Mr. Lee observes, that since the predisposing causes of the malady are all directly or indirectly of a debilitating character, the principal indication in the treatment at an early stage is to subject the patient to a generally strengthening regimen; hence, so far as change of air can be curative of this disease, the dry and bracing atmosphere of a cold climate is often extremely beneficial. The author, however, cautions us against the prolonged effects of cold upon a system already enfeebled, and suggests that "a climate which might be considered mild, would often, as respects others, be cold and prejudicial." It should be remembered, however, that a patient is not necessarily exposed to cold in a cold climate. By suitable clothing he may pass the greater part of the day in the open air without feeling cold; on the contrary, there is something exhilarating in our winter air to most consumptives who are thus protected from the cold. Mr. Lee is of the opinion that an equable climate is not favorable to consumptives, and he quotes Sir James Clark, who remarks that "a long residence in a very equable climate is not favorable to health, even with all the advantages of exercise in the open air. A moderate range of temperature and of atmospheric variation seems to be necessary for the preservation of health." The effect of wind, too, is not to be lost sight of, as an agent in the cure of the disease. Mr. Lee says, "in the course of my residences at various places frequented on account of their climate, I have had many opportunities of convincing myself of the advantages which patients with chronic disease of the respiratory organs derive from breathing an atmosphere moderately agitated, as also of the enervating influence produced by a calm state of the air, and a very warm and equable climate, too long continued."

Although a mild, dry and somewhat exciting climate is the most suitable for the majority of consumptives, yet there are patients of an excitable or nervous temperament, whose circulation is accelerated, with difficulty of breathing, much cough, and frequent hæmoptysis, who would be best affected by a climate of an opposite character, one which is warm, calm and somewhat moist, which would favor the repose of the organs of respiration and circulation. Such patients, however, says Mr. Lee, are less likely to regain a normal condition than those who can bear the action of a more bracing atmosphere. A marine climate, according to the author, is generally found advanta-

geous in cases of consumption, and sea voyages are also recommended. This important question has been made the subject of laborious research by M. Jules Rochard, whose very interesting memoir, entitled *De l'influence de la navigation et des pays chauds sur la marche de la phthisie pulmonaire* (see *Annales d'hygiène publique, &c.*, 1856, 2me série, tome vi., p. 257), was published since Mr. Lee's essay was written. M. Rochard concludes, from the analysis of a very large number of facts, obtained chiefly from reliable statistics, that a marine climate is unfavorable to consumptives, a result which agrees, as many of our readers are aware, with that obtained by Dr. Bowditch, in his remarkable and valuable investigation into the prevalence of consumption in different parts of Massachusetts.

The essay concludes with some remarks on the different localities which are chiefly resorted to by consumptives, as Egypt, Spain, Nice, Naples, the West Indies, &c., and also on the effects of mineral waters. The chief mineral springs in Europe are described, with the special effect of each on consumptives. An appendix contains particular notices of some of the places in Europe most frequented on account of their climate, derived in most cases from the personal observation of the author. These will prove of much assistance to the invalid, by furnishing him with desirable information, not only concerning the climate of the places he may desire to visit, but also on many other particulars on which his comfort depends.

On the whole, we can recommend Mr. Lee's essay to the profession and to the invalid as containing a considerable amount of useful information on the subject of the effect of climate on tuberculous diseases, though it is far from being what we require on this subject. We must call attention to one extraordinary statement by the author, that, in America, "exploration of the state of the organs contained in the thoracic cavity, by means of auscultation and percussion, forms no part of the education of medical students." Such ignorance on the part of Mr. Lee considerably impairs the authenticity of the work.

We wish we could speak favorably of Dr. EDWARD WARREN's essay on the *Influence of Pregnancy on the Development of Tubercles*, which forms the second part of this volume. We regret to say that it is quite unworthy of the important subject of which it treats. The question whether pregnancy exerts any influence upon the development or progress of tuberculous disease is one which can only be settled by the comparison of a large number of well-authenticated facts. Instead of facts, however, Dr. Warren gives us an ingenious but not original hypothesis, that pregnancy *ought* to be unfavorable to the development of tubercle, on the ground (in the words of Montgomery) that during the continuance of one very active operation in the system, it is thereby rendered less liable to be invaded or acted on by another; hence, Dr. Warren argues, pregnancy is unfavorable to such development. The author not only omits to furnish any facts in favor of his hypothesis, but rejects the conclusions of MM. Dubreuilh and Grisolle, which are founded upon thirty-five recorded cases, because, as he says, "neither of them has examined the physiological questions involved in the inquiry." With regard to the opinion of Louis, it is true, as Dr. Warren states, that he "gives no positive opinion on the subject, and he has not formed one," but he distinctly asserts that in order to arrive at any certainty on this question, it is necessary to

have a considerable number of facts for comparison. Louis, however, cites a remarkable case, which Dr. Warren does not notice, recorded by M. Cossy, in which the patient had no symptom whatever of tuberculous disease until the fourth month of pregnancy, when the disease began to develop itself, and proved fatal in fourteen months afterward. (*Recherches, &c., sur la phthisie*, 2d edition, pp. 335 and 459.) The author makes no allusion to the opinions of Andral on the subject (*Clinique Médicale*, 3d edition, vol. iv., p. 367), nor to those of Dr. Copland (*Medical Dictionary*, Art. Pregnancy), though both agree with him that pregnancy retards the development of tubercular disease: and he does not refer to the article of Dr. Montgomery, "Illustrations of the influence of Pregnancy in controlling or retarding the Development of Certain Diseases," in the *Dublin Quarterly Journal of Medical Science* for November, 1855, which is also favorable to his views.

A large part of Dr. Warren's essay is taken up with discussions concerning homeopathy and the nature of tuberculous disease, which are quite irrelevant to the subject to be considered. Had he employed himself in collecting the numerous facts which lie scattered through medical journals and works relating to pregnancy and to tuberculous disease, and arranged them with reference to the question at issue, he might have made an exceedingly interesting and valuable work. As it is, we are surprised that his paper should have been judged worthy of a prize.

The volume is neatly printed, and may be obtained in Boston at W. D. Ticknor & Co.'s.

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*Diseases of the Skin.* By ERASMUS WILSON, F.R.S. Fourth American Edition from the Fourth English Edition. Philadelphia: Blanchard & Lea. 1857.

THE name of the author of the treatise above announced is perfectly well known, and has been for many years, to all the medical men of this country, as well as of Europe. No man has occasion to ask his neighbor, who is Erasmus Wilson? And in calling the attention of the medical community to his work, we are quite persuaded that there is no need of pointing out, in long review, the special merits of this last edition of his admirable volume on Diseases of the Skin. Let us say, by way of giving notice to the readers of this Journal, that the book now alluded to contains several hundred pages additional to those of previous editions; and of course this renders the treatise more valuable and complete than its predecessors. The practical matter with which it abounds constitutes a large portion of the book; and we venture to remark, that no practising physician or surgeon, who, from the nature of his calling, is brought in almost daily contact with some form of cutaneous disease, will regret the purchase he has made, if he obtains ownership of Wilson at the moderate price which it costs. Indeed, we consider that it is a duty which the general practitioner owes to those who patronize him, and who look to him for aid and for cure, in diseases of the skin, to have at his constant command for reference and for a guide, a copy of Wilson's masterly production. No matter what other treatises may be in the library of the medical attendant, he needs the clear and suggestive counsels of Wilson, who is thoroughly posted up on all subjects connected with cutaneous pathology.

We have, it is very true, other valuable works on the maladies that invade the skin; but, compared with the volume under consideration, they are certainly to be regarded as inferior lights in guiding the judgment of the medical man in those seasons of doubt and trial, which occur but too frequently in the routine practice of the day.

Ticknor & Co. are agents for the sale of the book in this city.

S. D.

*General Therapeutics and Materia Medica, adapted for a Medical Text Book, with Indexes of Remedies and of Diseases and their Remedies.* By ROBLEY DUNGLISON, M.D., LL.D., Professor of the Institutes of Medicine, &c. Two vols., pp. 544 and 539. Sixth Edition. Philadelphia: Blanchard & Lea.

A PIOUS student of one of the English universities was once overheard at his devotions. Among other Divine mercies for which he was duly grateful, he returned thanks for compilers of dictionaries in general and for Dr. Johnson in particular. Had he been a medical student of the present time and of this country, he would have included, in his general thanksgiving, compilers of works on therapeutics and materia medica, as well as of dictionaries, and made for Dr. Dunglison a special thank-offering. It is needless for us to say much of a work of which the medical public have shown their appreciation by requiring a sixth edition. Dr. Dunglison is an excellent compiler. He is not a profound or original thinker. This book of his on *Materia Medica* and *Therapeutics* contains a sufficiently-detailed and accurate account of the various remedies which medical art at the present day has at its disposal. Its object is stated in the preface to the fourth edition, to be the preparation of a work "which might aid the medical student in acquiring the main results of modern observation and reflection; and, at the same time, be to the practitioner a trustworthy book of reference." This object the author has very successfully accomplished. He has not put forth any new views of great value; he has gone through the tedious labor of making an excellent compilation, and presented it to the medical public. Like his *Medical Dictionary* and his book on *New Remedies*, this work on *Materia Medica* is an evidence of indefatigable industry—of unremitting labor, for which the American medical profession have exhibited their gratitude, in a way doubtless more gratifying to Dr. Dunglison, or at least more useful, than was the pious thankfulness of the Englishman to the great lexicographer.

The work is in two volumes. It is printed on good paper, with a clear type, and possesses the great value of a copious and complete Index. This edition has been carefully revised by the author. It will form a valuable addition to the practitioner's library, though it will not take the place of works like Pereira's *Materia Medica*, or Oesterlen's *Therapeutics*.

E. H. C.

*Lectures on the Diseases of Women.* By CHARLES WEST, M.D., London. Part I.—Diseases of the Uterus. American Edition. Philadelphia: Blanchard & Lea. 1857.

THE author states that these lectures, now published, form the first portion of a treatise on the diseases of women, and hopes to be able

to conclude the subject in a second volume within three years from the issue of this (April, 1856). Dr. West established an American reputation by his work on the Diseases of Children, than which there is not a more thorough and reliable treatise to be found. The publication of his Croonian Lectures upon the Os Uteri has more recently brought him before American readers. About one half of this volume is devoted to the diseases of menstruation, uterine tumors and polypi, and malignant growths. The remainder of the book discusses the displacements of the womb, and inflammation, induration and ulceration of the body, neck and mouth. Upon these subjects he opposes the doctrines of Simpson and Bennett; asserting, from his experience and deductions, that the theories of mechanical support and caustic applications have been carried too far altogether. Details and statistics, upon questions arising with reference to the pathology of the os uteri, were given in the Croonian Lectures, and, in this work, the result of more extended observation, he thinks he is authorized still more firmly to maintain his ground. No better idea of his views can be given than by quoting from his work the following summaries.

"1st. Uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it.

"2d. These symptoms are observed in both classes of cases with a vastly preponderating frequency at the time of the greatest vigor of the sexual functions, and no cause has so great a share in their production as the different incidents connected with the active exercise of the reproductive powers. But it does not appear that ulceration of the os uteri exerts any special influence either in causing sterility or in producing abortion.

"3d. While the symptoms are identical in character in the two classes of cases, they seem to present a slightly increased degree of intensity in those cases in which ulceration of the os uteri exists.

"4th. In as far as could be ascertained by careful examination, four fifths of the cases of either class presented appreciable changes in the conditions of the uterus—such as misplacement, enlargement, and hardening of its tissue, while frequently several of these conditions co-existed. An indurated and hypertrophied state of the cervix uteri was, however, more frequent in connection with ulceration of the os uteri than independently of that condition.

"5th. The inference, however, to which the last-mentioned fact would seem to lead, as to the existence of some necessary relation—such as that of cause and effect—between ulceration of the os uteri and induration of its cervix, is in great measure negated by two circumstances.

"1. That in numerous instances an indurated cervix co-existed with a healthy os uteri.

"2. That while in many of the cases in which induration of the cervix existed, the ulceration of the os was very slight, induration was entirely absent in other instances where the ulceration was noticed as having been very extensive.

"Since, then, we find that a very great degree of resemblance exists between the two classes of cases; that women of the same age, in similar circumstances, present the same symptoms, leading to the same results, having the same duration, and attended with similar structural changes, whether ulceration of the os uteri is present or absent; it may fairly be inferred, that ulceration of the womb is neither a general cause of uterine disease, nor a trustworthy index of its progress; and it follows, I think, as a necessary corollary, that the endeavor by local remedies to remove this condition of the os is not the all-important object in the treatment of uterine disease, which the teaching and the practice of some physicians would lead us to imagine."

Speaking of mechanical support, he says:

"1st. The safe employment of the instrument requires that, as a general rule,

its use should be continued for only a very few hours at a time ; a necessity which implies that every woman who is submitted to this mode of treatment shall undergo two vaginal examinations every day, the one for the introduction of the instrument and the other for its withdrawal.

" 2d. The quietude which its use imposes, and the restrictions to which the patient is compelled to submit in order to avoid severe suffering and the risk of serious danger, are at least as absolute in their kind and as irksome to be borne as those which any other mode of treatment involves, while it is necessary to continue them for as long a time.

" 3d. In spite of all precautions, the treatment is generally painful, often dangerous, sometimes fatal ; and the untoward accidents have not been by any means constantly attributable to want of prudence either on the part of the practitioner or of his patient.

" 4th. Cure, even by the long-continued employment of this means for several months, is uncertain, while relapses are very frequent after the mechanical support is discontinued ; besides which, the permanent cure of the displacement is far from being always followed by the cessation of the symptom."

*The Practice of Surgery.* By JAMES MILLER, F.R.S.E., &c. Revised by the American Editor. Fourth American from the last Edinburgh Edition. Illustrated by three hundred and sixty-four Engravings on Wood. Philadelphia: Blanchard & Lea. 1857. 8vo. Pp. 632.

WE are glad to welcome a new edition of this excellent work. Together with the "Principles," by the same author, it makes one of the best compendiums of surgery in our language. Owing to the absence, in Europe, of Dr. Sargent, who edited the third American edition, the present issue has been entrusted to another hand, who has ably supplied his place. Additions to a considerable extent have been made, which enhance the value of the book, in proof of which we need only refer to the subjects of fracture of the radius, and vaginal fistula, among many others. The volume is handsomely printed, and the engravings are generally good. The "Practice" as well as the "Principles" of Mr. Miller should be in the hands of every practitioner who does not decline surgery. For sale in Boston by Ticknor & Co.

*The Mother's Handbook ; a Guide in the Care of Young Children.* By EDWARD H. PARKER, M.D., Physician to the Demilt Dispensary, &c. New York: Edward P. Allen. 1857. 12mo. Pp. 250.

WE have read this book with great satisfaction, and take pleasure in recommending it, for it belongs to a class of works which often do as much harm as good. It contains ample directions for the care of children, including the general hygienic treatment and the symptoms of disease, directions for emergencies, the way to prepare the different kinds of food, &c. &c. It is evidently written by a man of experience and judgment, and can safely be put into the hands of mothers. We feel confident that if carefully read it will often be the means of relieving suffering and anxiety, and of promoting the health and happiness of children. We are the more glad to recommend Dr. Parker's work because it has not been sent to us for notice.

*Life ; its Relations, Animal and Mental.* An Inaugural Dissertation. By J. DICKSON BRUNS, A.M., M.D. Charleston, S. C. 1857.

THIS dissertation is upon a much-discussed theme—the relation between mind and matter ; between the intellect and the brain. To

scrutinize it closely would be to enter into the discussion ourselves, for which we have neither the taste nor the time. It is not a question to be decided by medical men. We are not to apply to its solution anatomical or physiological laws alone. The dissecting-knife and the microscope have often told us *how* certain phenomena are produced, never *why*. The pamphlet is well written, but the author unfortunately selected a subject upon which he has thrown no new light. He found it a mystery, and it remains so still. C. E.

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*An Address delivered before the Medical Society of the State of Vermont, October 22d, 1856. By JOSEPH PERKINS, M.D.*

DR. PERKINS takes for his theme the great subject of sanitary reform, and the importance of registration laws in aid of it. His discourse is an able exposition of the evils which have been caused by the want of such laws, and the blessings which have resulted from their enactment. He strongly recommends the subject to the attention of the legislature.

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*The Handbook of Practical Receipts of Every-day Use; a Manual for the Chemist, Druggist, Medical Practitioner, Manufacturer and Heads of Families. By THOMAS F. BRANSTON. First American from the Second London Edition. Philadelphia: Lindsay & Blakiston. 1857.*

A VERY convenient book of reference, which would be useful in every family. It contains formulæ for all kinds of domestic preparations, mineral waters, powders, beverages, dietetic articles, perfumery, cosmetics, &c., besides the officinal medicines, their uses and modes of preparation, a glossary and a full index. We cordially recommend the work, which may be had of W. D. Ticknor & Co.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 29, 1857.

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### MASSACHUSETTS MEDICAL SOCIETY.

WE to-day present our readers with an article upon the subject of the present condition of affairs in our State Medical Society, from the pen of a medical friend thoroughly conversant with its whole history. The facts are both interesting and important; and an attentive consideration of them will tend to dispel such erroneous ideas as may now be cherished, as well as revive the recollection of certain forgotten truths. Many Fellows, also, even in Boston, have doubtless never been fully cognizant of the real difficulties with which the Society has had to contend, with regard to the points referred to in our last issue. The remarks then offered will have prepared all who take an interest in the matter, for a communication of the nature of our leading paper.

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### EFFECTS OF CLIMATE ON HEALTH.

A RECENT perusal of Mr. Lee's prize essay on the effect of climate on tuberculous disease, a brief notice of which appears in the present

number, has suggested to our mind how much is yet to be learned on the important subject of the relations between climate and health. The most imperfect ideas concerning it are still prevalent, to some extent, even in the medical profession, chiefly on account of the want of careful observation. There is a tendency in our community, at least, to place an exaggerated estimate upon the salubrity of foreign countries, and to undervalue, in this respect, our own. How often is the climate of America abused for its supposed tendency to produce nervous excitability, insanity, dyspepsia: how often we are told that the climate of New England tends peculiarly to favor the development of consumption, pleurisy and lung fever; and such statements are made with as much confidence as if they were founded on carefully-ascertained facts. It is hoped that the more exact method of study which of late years has characterized the pursuit of the science of medicine in other departments, will ere long throw as much light on this subject as it has on many others. Already an appeal to statistical information has disclosed the fact that warm climates, instead of being to a great extent exempt from tuberculous pulmonary disease, are, in fact, quite obnoxious to it. The fact seems to be, that the mortality from phthisis is pretty equally distributed over the earth.

It is a common fallacy to suppose that the prevailing diseases of any country are owing exclusively to the climate: many other circumstances, such as the habits, morals, and race of the inhabitants, are to be taken into consideration, of which some are of the utmost importance, since they are capable of such modification as will be followed by an improvement in the general health of the community. This is often seen in the beneficial results of sanitary reform. Thus, the prevalence of phthisis in this community cannot be accounted for by the influence of climate alone, since the disease is almost equally prevalent in countries of a very different climate. The habit of sleeping and working in close rooms, the insufficient amount of exercise in the open air, the incessant occupation of mind and body which are characteristic of our people, probably all predispose to this disease, if they are not among its exciting causes.

There are many circumstances which render it probable that the climate of New England is conducive to good health and longevity. This is shown in our great exemption from endemic diseases; we have no fever and ague, no bilious remittent or yellow fevers. It is also shown by the unusual longevity of our native inhabitants. We believe there are few places on the globe whose inhabitants attain a greater age than ours. We have already called attention to this fact, of which any one can convince himself by consulting the list of deaths in the daily papers. To take a single example—in the *Daily Advertiser* of October 14th, we find, in the list of deaths, twenty individuals whose ages are recorded, and who died in Massachusetts. Of these, 3 were over 90 years of age (1 of 94 years and 11 months, 1 of 93, and 1 of 90 years and 6 months); 3 were between 85 and 90; 3 between 80 and 85; 1 was 79 years of age, and 1 was 68; thus, more than one half were over 68. We believe that the sudden transitions of our climate, from cold to warm and from warm to cold, which are thought to be so trying to the constitution, are in reality of great benefit. The highest development of health is not to be found in an uniform climate, any more than is great intellectual vigor; variety of weather

is as important to the health as change of exercise is to the muscular strength, or variation of diet to the well-being of the whole system.

A SALT FOR THE PREVENTION OF COMBUSTION.

A CORRESPONDENT of the *Courrier des Etats Unis* relates some interesting experiments which he has witnessed at Paris, for the purpose of testing the efficacy of a substance discovered by M. Carteron, a chemist, which is said to render incombustible all objects to which it is applied. The substance is a salt, which may be dissolved in a solution of starch, and thus be used for preparing linen and other stuffs, or mixed with paint, and applied to wood-work, &c. The experiments were conducted in the presence of several eminent scientific persons. A small building was constructed in imitation of a theatre, and supplied with scenery, machinery, &c., all of which was made of the usual materials, but prepared with the salt of M. Carteron. Oil of turpentine was poured over the whole, and fire applied. The turpentine burned fiercely; the canvas of which the scenery was made was carbonized, but the flames did not attack the wood-work. Muslin and cotton cloths, prepared in the same way, were exposed to the action of fire. The material was carbonized and burnt through at the place of contact with the flame, but the fire did not extend to other parts of the tissue. We are not informed what is the composition of the salt. If further experiments confirm its utility, it will doubtless be given to the world.

THE FUNCTIONS OF THE PANCREAS.

THE brilliant experiments of M. Claude Bernard, which have thrown so much light upon the physiology of digestion, were supposed, until recently, to have definitely proved that the functions of the pancreas consisted in supplying a fluid which promotes the absorption of fatty matters, by reducing them to a state of emulsion. Recent pancreatic fluid forms, with the greatest facility, emulsions with all fatty matters and oils, and the mixture remains unchanged during a great length of time. In diseases of the pancreas, the oleaginous portions of the food are found unchanged in the evacuations. The emulsion of fatty matters only takes place in that part of the intestinal tract which is situated below the pancreatic duct, as is well shown in rabbits, whose duct enters the intestine ten or fifteen inches below the gall duct. If the pancreas be destroyed artificially, the fatty substances taken by the animal pass unchanged through the intestines. It is true that the conclusions of M. Bernard have been disputed by Bidder, Lehmann, Schmidt and Frerichs, but they have not succeeded in disproving them, and the emulsifying properties of the pancreas have been generally regarded as the function which that gland performed in the process of digestion.

In a paper read before the French Academy of Medicine, in July, 1856, M. Colin, demonstrator of anatomy at the Veterinary School at Alfort, asserted that fatty substances were digested and absorbed without the intervention of the pancreatic fluid. The communication was referred to a committee consisting of MM. Longet, Bussey, Bouley and Bérard, whose eminence in the departments of physiology, chemistry and veterinary medicine is an evidence of the interest which the Academy attached to this important question. The report of the

Committee, written by M. Bérard, is one of exceeding interest, and seems to prove conclusively that the secretion of the pancreas is not necessary for the absorption of fatty matters, nor for the formation of chyle in a state of emulsion, at least in herbivorous animals. We say *seems* to prove, for the contradictory results, each apparently conclusive, arrived at by such skilful and conscientious experimenters, only shows with how much caution we should receive the deductions made from experiments on animals, where the processes of nature, disturbed by the rough hand of art, must often yield unsatisfactory and contradictory replies to the scientific inquirer.

The experiments of M. Colin were repeated by the Committee upon 36 dogs, 3 horses, 5 bulls and 4 cows. They consisted simply in tying the pancreatic duct, at its opening into the intestine, and adapting to it a tube, through which all the pancreatic fluid was suffered to escape externally. The animals suffered little or no inconvenience from the operation, but continued to eat as usual. On the third day afterward, when it was supposed that all the fluid which might have entered into the intestine previously to the closure of the duct, had disappeared, the thoracic duct was opened, and its contents allowed to escape through a silver tube. The amount of chyle thus obtained from the thoracic duct was enormous, amounting in one instance to *twelve gallons* in twelve hours. This fluid resembled exactly, in appearance at least, that obtained from animals whose pancreatic duct had not been tied. In order to ascertain whether this chyle really contained fat in a state of emulsion, a large quantity of it was evaporated to the consistence of a dry extract, and then treated with ether, which dissolved the fat, and by evaporation left it in the form of a deposit very much resembling butter. Large quantities of the liquid chyle, of the dry extract, and of the pure fat obtained from it, were exhibited by M. Bérard to the Academy. It thus appears, from these experiments, that however important a part the pancreas may play in the process of digestion, its functions are not necessary to the absorption and assimilation of fat.

If any physiological doctrine appeared to be well established by conclusive experiments, it was that of Bernard, that the function of the pancreas was that of rendering fatty matters capable of being absorbed, by the process of emulsion; but there are more things in heaven and earth than are dreamed of in our philosophy. The experiments of M. Colin seem equally conclusive that such is *not* the function of this gland. Future experiments and observations can alone decide the question, and to them we look with the greatest interest.

#### SUPERINTENDENT OF HEALTH IN PROVIDENCE.

We have already alluded to the zeal manifested by the people of the State of Rhode Island in the subject of registration, and we are glad to perceive that its good effects are beginning to develop themselves. The city of Providence has wisely determined to ascertain, as far as possible, all the sources of disease within its limits, by the appointment of a Superintendent of Health. The city government acted judiciously in the selection of Dr. Edwin M. Snow to fill this most important office. Dr. Snow has made the subject of sanitary reform his study for many years, and his first Annual Report, recently issued, shows that he is eminently qualified for his situation. Although Pro-

vidence is a healthy city, compared with many others, yet this report shows conclusively not only that its sanitary condition is susceptible of much improvement, but that unless a better system of sewerage is introduced, and unless ordinances are enacted regulating the removal of house offal and the cleansing of vaults, the public health must soon begin to suffer. The report is full of admirable suggestions, and we hope it will be attentively read by the citizens of Providence.

The Registration Report of Rhode Island for 1856, prepared by Dr. Parsons, shows the same completeness and accuracy which have distinguished those of former years. Some improvements have been introduced, of value, and the work may be considered a most reliable compendium of the vital and mortuary statistics of the State, the value of which will not fail to be appreciated by its inhabitants.

**Lectures at the Mass. Medical College.**—The lecture term of the Boston Medical School, for 1857-58, commences next week. It will be seen, by an official notice in our advertising sheet, that the introductory lecture will be given on Wednesday, at the Medical College, by Professor Shattuck, and that the public are invited to attend. We hope a large number of our citizens will be found sufficiently interested in medical science to step in at the College at the time mentioned, and listen to the lecture of one so well qualified to entertain them. We understand that every preparation has been made by the Faculty for the coming course of lectures, and we doubt not it will be at least equal to any preceding course. The advantages to the student, of pursuing his medical studies in this city, are many, and we trust that a large class will be in attendance the coming season.

**Health of the City.**—The number of deaths last week was quite small, and no one disease exhibited a disproportionate mortality. There was no death from scarlatina. Influenza has been very prevalent here for several weeks past, and though in some cases it has been severe, we have heard of no death from the epidemic. The number of deaths for the corresponding week of 1856 was 77, of which 14 were from consumption, 6 from scarlatina, 3 from dysentery, and 2 from pneumonia.

**ERRATUM.**—In a part of our issue of the present number, page 265, 4th line from bottom, for *Louget* read "Longet."

**Communications Received.**—Attempted Abortion by *Veratrum Viride*.—Congenital Aneurismal Tumor treated by a new method.—Obituary Notice of Dr. William Blanding.

**Books and Pamphlets received.**—Lesions of the Epiglottic Cartilage, by Horace Green, M.D.

**MARRIED.**—In this city, Oct. 21, Seth Loring Sprague, M.D., to Miss Carrie Horton Foster.—In Burlington, Vt., Oct. 19th, Robert L. Flagg, M.D., of Waterville, Vt., to Miss Lucy D. Turner, of Leicester, Mass.—In Brownville, N. Y., John C. Fairfax, M.D., of the District of Columbia, to Miss Mary B. Kirby.

**DIED.**—In this city, 224 inst., at Quarantine Station, Deer Island, Dr. Thomas Badarague, of Philadelphia. Dr. B. was landed from the brig Ellen Jane, from Truxillo, on the 20th inst.

**Deaths in Boston** for the week ending Saturday noon, October 24th, 67. Males, 32—Females, 35.—Accidents, 2—apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer, 1—consumption, 9—convulsions, 1—cholera infantum, 4—croup, 3—dysentery, 3—diarrhoea, 4—dropsy, 2—debility, 2—infantile diseases, 4—enteritis, 1—typhoid fever, 5—homicide, 2—inflammation of the lungs, 4—marasmus, 2—old age, 3—palsy, 1—starvation, 1—strangled, 1—teething, 1—throat, inflammation of, 1—tumor, 1—unknown, 1—whooping cough, 3.

Under 5 years, 28—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 7—above 60 years, 13. Born in the United States, 43—Ireland, 16—other places, 8.

**Saccharine Protoxide of Iron.**—According to M. E. Latour, the addition of sugar to the protoxide of iron preserves this salt from alteration, and the preparation is of uniform composition and crystallizes in a regular manner. It is prepared as follows:—300 grains of pure sulphate of iron are dissolved in three and a half ounces of boiling distilled water, and 80 grains of sugar candy are dissolved in one ounce of boiling distilled water; the two solutions are mixed and quickly filtered, and left to crystallize at a temperature of from 95 to 100 degrees Fahr. The crystals are collected, dried between folds of filtering paper, and preserved in a phial which is perfectly dry. By concentration the liquor can be made to yield a further deposit of crystals. The crystals are oblique rhomboidal prisms. Their composition is as follows:—

Sulphate of protoxide of iron,	-	-	-	-	54.57.
Water,	-	-	-	-	32.50.
Sugar	-	-	-	-	12.93.

100.

—*Union Medicale*, from *Gaz. Med. de Algerie*.

**Gelatinized Chloroform.**—Dr. Massart gives, in the *Revue de Therapeutique Medico-Chirurgicale*, the following methods of making a solid preparation of chloroform:—1st, mix equal parts of white of egg and chloroform; shake the mixture, and let it stand for three hours. Or, 2d, take one part of white of egg and four parts of chloroform; put them in a bottle and plunge it completely in a water bath of the temperature of from 120 to 140 degrees Fahr.; gelatinization takes place in four minutes. This preparation is to be rubbed on a painful part, and, according to M. Massart, its effects in relieving pain are remarkable. He prefers the cold method of making it. If allowed to remain long in contact with the skin, it produces a superficial cauterization and pain.

**Syrup of Borax.**—In cases of laryngeal catarrh, M. Trousseau prefers this syrup to the use of gargles. His formula is four drachms of borax to ten ounces of simple syrup. A teaspoonful may be taken seven, eight or ten times a day, care being taken not to drink immediately afterward, that the contact of the salt with the affected mucous membrane may be prolonged as much as possible.—*L'Union Medicale*.

**Health of St. Louis.**—The *St. Louis Medical and Surgical Journal* states that that city has never been more healthy than during the past season. A good deal of unnecessary alarm was caused by a general belief that the city would be visited by an epidemic of yellow fever, notwithstanding the fact that for the past thirty years there has been a constant intercourse between St. Louis and New Orleans, and numbers of persons laboring under yellow fever have been brought from the latter city, landed on the wharves, and sent to the hospitals, without ever causing the disease to spread. There has been no cholera, nor unusual disease of any kind.

**New Orleans Medical Journals.**—The old *Medical and Surgical Journal* is now owned by Drs. Warren Stone, James Jones and Stanford Chaille, who will also, with Dr. Bennet Dowler, hereafter be its editors. The *Medical News and Hospital Gazette* is now edited by Drs. D. Warren Brickell and E. D. Fenner, professors in the New Orleans School of Medicine. Both journals give promise of improvement, and have our best wishes.

**Medical Miscellany.**—From the 1st of May, 1855, to the 31st of August, 1856, there were born in the obstetrical clinic of the School of Medicine of Bordeaux, in France, 131 children, including 18 still-births. There were also among them 14 premature births, the children being feeble, and 11 deaths took place soon after birth—leaving 99 healthy living children. The sex of the whole was 65 male and 63 female.—The following regulation, in regard to vaccination, is adopted at Glasgow (Scotland) Faculty Hall:—"Children are vaccinated every Monday morning. The parent of each child pays one shilling, which is returned on the following Monday if the child be brought for inspection. No lymph is allowed to be taken from the patient unless there be more than one vesicle."—Only 16 deaths by yellow fever took place at Charity Hospital in New Orleans during the month of September.